



5 THINGS

CLINICIANS AND CONSUMERS SHOULD QUESTION

Developed by the Royal Australian and New Zealand College of Ophthalmologists

1

In the absence of relevant history, symptoms and signs, 'routine' automated visual fields and optical coherence tomography are not indicated

When a patient's visual symptoms can be explained by simple refractive error and a comprehensive eye examination including slit lamp, extraocular movements, intraocular pressures, funduscopy and confrontation visual fields is normal, there is no need for further tests. There are occasional exceptions – eg if the patient is specifically being reviewed in relation to an inherited retinal or optic nerve disorder, or as screening or baseline for drug-related toxicity.

When testing for driving eligibility, the confrontation method is acceptable to screen for visual field defects. Automated perimetry is only required when significant field defects are suspected.

As in almost all branches of medicine, history and examination precede investigations and not the other way around.

2

AREDS-based vitamin supplements only have a proven benefit for patients with certain subtypes of age-related macular degeneration. There is no evidence to prescribe these supplements for other retinal conditions, or for patients with no retinal disease

The AREDS studies were randomised controlled trials which demonstrated benefit for specific combinations of supplements for certain subtypes of age-related macular degeneration (AMD). They did not show benefit for patients without AMD, and have not been tested for retinal conditions other than AMD. There is no high-level evidence to support the use of dietary supplements for the prevention or treatment of other retinal conditions, assuming a normal diet and the absence of specific vitamin or other nutrient deficiency. Despite this, there is widespread promotion and use of dietary supplements perceived to have benefits for other retinal diseases.

3

Don't prescribe tamsulosin or other alpha-1 adrenergic blockers without first asking the patient about a history of cataract or impending cataract surgery

Alpha-1 adrenergic blockers such as tamsulosin nearly always affect the structural integrity of the iris and this can be permanent after only a few doses of the drug. As a result, “intraoperative floppy-iris syndrome” often results when intraocular surgery, especially cataract surgery, is performed. This can lead to iris damage and post-operative glare problems but also increase the risk of more serious complications such as posterior capsule rupture, vitreous loss, macular oedema and retinal detachment. This risk is up to ten times greater in some series.

Surgeons can minimise the risk if they know a patient has taken the drug. Patients on long waiting lists can sometimes forget to tell the ophthalmologist they have been prescribed it whilst waiting for surgery. Better still, if the need for taking tamsulosin is not absolute and immediate, delaying its prescription until after any impending cataract surgery is performed would be in the patient's best interest.

4

Intravitreal injections may be safely performed on an outpatient basis. Don't perform routine intravitreal injections in a hospital or day surgery setting unless there is a valid clinical indication

Studies show that giving intravitreal injections, most commonly anti-VEGF agents for “wet” macular degeneration, can be safely done in an outpatient setting if standard, well published protocols are followed. These protocols include the use of standard aseptic technique, topical antiseptic in the conjunctival sac, and a face mask. Performing these injections in a hospital or day surgery adds enormous cost to the procedure for no clinical benefit. This cost, initially borne by private health funds, clearly puts pressure on the sustainability of the private health system and contributes to the need to increase health insurance premiums and to reduce benefits for other procedures.

5

In general there is no indication to perform prophylactic retinal laser or cryotherapy to asymptomatic conditions such as lattice degeneration (with or without atrophic holes), for which there is no proven benefit

Lattice degeneration and related asymptomatic retinal conditions are frequently found in eyes with retinal detachment. Intuitively one would expect that prophylactic treatment of such visible areas of abnormality would reduce the risk of retinal detachment, and such treatments used to be commonplace. The available evidence has, however, failed to demonstrate any convincing benefit, and there are also significant potential side effects to such treatment. One reason for the absence of demonstrated benefit is the frequent occurrence of retinal breaks outside areas of visible abnormality. With occasional exceptions, there is no justification for such treatment in asymptomatic eyes, and it has been a recommendation of the American Academy of Ophthalmology for many years that such treatment is not indicated. Counselling and follow-up of at-risk patients is likely more effective, and far more cost-effective, in preventing loss of vision due to retinal detachment.

SUPPORTING EVIDENCE

1.

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HOW THIS LIST WAS MADE

RANZCO has undertaken a multi-stage consultation process to ensure that the entire spectrum of medical eye specialists in Australia and New Zealand can contribute to the process of identifying and refining the top five recommendations. The first stage included a survey of fellows to identify possible recommendations, which were then narrowed down by a dedicated “Choosing Wisely” committee of RANZCO members. A second survey was then sent to all members to provide feedback on the list of five and received a high response rate. Based on the extensive feedback received via the survey, RANZCO’s “Choosing Wisely” committee crafted the final wording of the top five recommendations. Finally, the RANZCO board discussed and approved the recommendations.

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About Choosing Wisely Australia

Choosing Wisely Australia® is enabling clinicians, consumers and healthcare stakeholders to start important conversations about tests, treatments and procedures where evidence shows they provide no benefit and in some cases, lead to harm. This initiative is being led by Australia’s medical colleges and societies and is facilitated by NPS MedicineWise.

About the Royal Australian and New Zealand College of Ophthalmologists

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is the leading medical eye specialist organisation in Australia and New Zealand. RANZCO’s mission is to drive improvements in eye health care through continuing exceptional training, education, research and advocacy.

About NPS MedicineWise

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